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**sj 03/27/2002**

**Project Requirements and Design Document (PRDD)  
For  
Appointment Standardization II+ SCRs**

**Project Number: 098800**

**Project Name: APPOINTMENT STANDARDIZATION II+ SCRS**

**>>> 1.0 PROJECT OVERVIEW**

**1.1 Scope**

Per the Department of Defense (DoD) MHS policy letter signed on 25 May 2000 by Dr Bailey, all Medical Treatment Facilities (MTFs) must use standard appointment types. With the release of Appointment Standardization Phase II (APS II), the standard appointment types included PCM, PCM\$, ACUT, ACUT\$, ROUT, ROUT\$, WELL, WELL\$, EST, EST\$, SPEC, SPEC\$, TCON, TCON\$, GRP, GRP\$, PROC, and PROC\$ plus APV, T-CON\*, N-MTF, and EROOM.

Following an APS II transition period and prior to the APS II+ software deployment date, the following will be released to all sites:

- **Appointment Type Table Update.** This update will enable sites time to resolve any file/table issues with regard to non-standard appointment types still in use. The Appointment Type file (#44.5) update will include the updated list of standardized medical appointment types to be used by all medical clinics with a Location Type of C (Clinic) or S (Same Day Surgery). Dental clinics with a Location Type of D (Dental) currently using the DDSA Scheduler Graphic User Interface (GUI) to schedule appointments will not be impacted by the release of APS II+.
- **Appointment Detail Code Table Update.** This update will enable sites time to resolve any file/table issues with regard to non-standard appointment detail codes still in use. The Appointment Detail Code file (#44.7) will be updated to include the updated standardized Appointment Detail Codes.
- **Non-Standard Appointment Type/Detail Code Summary Report.** This report is being developed to support the sites in identifying any profiles, templates, schedules, and/or wait list requests currently linked to one or more non-standard appointment types and/or appointment detail codes

When the APS II+ software is installed, the following three conversions will be performed:

- **Appointment Type File Conversion**  
A conversion will be run on the Appointment Type file (#44.5) to inactivate all non-standard appointment types by setting the Status field to Inactive to ensure conformance with the Appointment Standardization policy. In addition, the conversion will identify all non-standard dental/radiology -appointment types currently used by any dental-dental/radiology clinics linked to a MEPRS Code of C\*\*\*/DCA\* and will set the new DentalNon-Medical Appt Type field in the Appointment Type file to YES for all non-standard dental/radiology appointment types identified. Only authorized users assigned the new APS II+ SD MOD APPTDental security key will have the capability to add, edit, or inactivate non-standard dental/radiology appointment types (i.e., the DentalApptNon-Medical Appt Type field is set to YES) only.

- **Appointment Detail Code File Conversion**

A conversion will be run on the Appointment Detail Codes file (#44.7) to inactivate all non-standard detail codes to ensure conformance with the Appointment Detail Code Standardization policy. Any site-defined non-standard Age detail code identified, which does not conform to the TMA approved standard Age detail code format, will also be inactivated by this conversion. Only authorized users assigned the new APS II+ SD Detail Code security key will have the capability to add site-defined AGE detail codes using the standard Age format.

- **Hospital Location File Conversion**

A conversion will be run on the Hospital Location file (#44) to identify and inactivate all non-standard appointment types currently linked to individual medical clinics and/or their associated providers.

This conversion will also identify and delete any non-standard appointment detail code or site-defined Age appointment detail code, not in the standard Age format, from any clinic's "most frequently used" appointment detail code pick list.

With the release of APS II+, PAS/MCP users will only be able to select active standard medical appointment types and/or standard /site-defined Age detail codes when creating/editing templates and schedules, searching for available appointments, entering/ processing wait list requests, and/or MCP referrals. All error messages referencing the Medical Appt Type field will be modified to reflect the standardization of appointment types. Additional error messages will be added to reflect the standardization of appointment detail codes.

In addition, with the release of APS II+, the 30-day access standard for Specialty and Wellness Access To Care (ATC) categories will be changed to a 28-day access standard. This change will be implemented in all Health Care Finder Booking functions, the Access to Care Summary Report, and in Consult Tracking to support a 28-day access standard for Specialty and Wellness Access to Care (ATC) categories

## **1.2 Technical Assumptions**

1. These enhancements will be packaged and deployed as a CPET+ to 4.630 (SPE-xx-xx).
2. CRSP and Y2K (January 01,2001 rollover) testing will not be needed as part of this effort, due to testing after the rollover date and the NCAC consolidation.
3. The APS II+ project will not impact the Dental Scheduler System Appointing (DDSA) software but it will impact all [dental/dental/radiology](#) clinics with a Location Type of C (clinic) or S (Same Day Surgery).
4. The APS II+ project does not includes any changes to external systems that utilize appointment messages or updates to Interface Control Documents (ICDs).
5. The Appointment Type file will be updated to reflect any and all new standard Appointment Types supplied by the customer prior to 22 March 2002.
6. The Appointment Detail Codes file will be updated to reflect any and all new standard Appointment Detail Codes supplied by the customer prior to 22 March 2002.
7. The Appointment Type file and the Appointment Detail Code file updates will be packaged and deployed as special software prior to the release of APS II+.
8. The Non-Standard Appointment Type/Detail Code Summary Report will be packaged and deployed as a CPET+ to 4.630 after the Appointment Type file and the Appointment Detail Code file updates but prior to the release of APS II+.
9. The 30-day access to care standard for Specialty and Wellness ATC categories will be changed to a 28-day access to care standard for all HCF Booking options, the Access to Care Summary Report, and in Consult Tracking.
10. External resources needed for support:
  - Implementation
  - Product System Test
  - Government Testing

### 1.3 Project Issues/Risks

No Project Issues/Risks have been identified at this time.

### 1.4 External Interfaces

This project does not establish, nor modify, any interface to either a piece of peripheral equipment or to an external system.

## >>> 2.0 PROJECT REQUIREMENTS

### Proposed Changes to the Requirements Matrix

Add (38) new requirements:

PAS 3.2.10-0.0.....Support Managed Care  
PAS 3.2.10.3-0.0.....Manage Patient Care  
PAS 3.2.10.3.2-0.0.....Schedule Appointments  
PAS 3.2.10.3.2.1-0.0.....Standard Appointment Types

#### **PAS 3.2.10.3.2.1.5-0.0.....Appointment Type File**

PAS 3.2.10.3.2.1.5-1.0	add <del>Dental Appt</del> Non-Medical Appt Type as a new field in the Appointment Type file
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#### **PAS 3.2.10.3.2.2-0.0.....Appointment Type Enter/Edit option**

PAS 3.2.10.3.2.2-3.0	prevent CHCS users from adding standard <del>or nonstandard medical</del> appointment types to the Appointment Type file from the Appointment Type Enter/Edit option
PAS 3.2.10.3.2.2-4.0	prevent CHCS users from editing standard appointment types in the Appointment Type file from the Appointment Type Enter/Edit option
PAS 3.2.10.3.2.2-5.0	prevent CHCS users from inactivating standard appointment types in the Appointment Type file from the Appointment Type Enter/Edit option
PAS 3.2.10.3.2.2-6.0	allow an authorized CHCS user to view standard appointment types in the Appointment Type file from the Appointment Type Enter/Edit option
PAS 3.2.10.3.2.2-7.0	allow an authorized CHCS user to add non-standard <del>dental</del> dental/radiology appointment types to the Appointment Type file from the Appointment Type Enter/Edit option

PAS 3.2.10.3.2.2-8.0	allow an authorized CHCS user to edit non-standard <del>dental</del> dental/radiology appointment types in the Appointment Type file from the Appointment Type Enter/Edit option
PAS 3.2.10.3.2.2-9.0	allow an authorized CHCS user to inactivate non-standard <del>dental</del> dental/radiology appointment types in the Appointment Type file from the Appointment Type Enter/Edit option

#### **PAS 3.2.10.3.2.3-0.0.....Appointment Detail Codes Enter/Edit option**

PAS 3.2.10.3.2.3-4.0	prevent CHCS users from adding standard <del>appointment detail codes or nonstandard site-defined AGE appointment</del> detail codes <del>not in the standard AGE format</del> to the Appointment Detail Codes file from the Appointment Detail Codes Enter/Edit option
PAS 3.2.10.3.2.3-5.0	prevent CHCS users from editing standard appointment detail codes in the Appointment Detail Codes file from the Appointment Detail Codes Enter/Edit option
PAS 3.2.10.3.2.3-6.0	prevent CHCS users from inactivating standard appointment detail codes in the Appointment Detail Codes file from the Appointment Detail Codes Enter/Edit option
PAS 3.2.10.3.2.3-7.0	allow an authorized CHCS user to view standard appointment detail codes in the Appointment Detail Codes file from the Appointment Detail Codes Enter/Edit option
PAS 3.2.10.3.2.3-8.0	allow an authorized CHCS user to add site-defined Age detail codes to the Appointment Detail Codes file from the Appointment Detail Codes Enter/Edit option
PAS 3.2.10.3.2.3-9.0	allow an authorized CHCS user to edit site-defined non-standard Age detail codes in the Appointment Detail Codes file from the Appointment Detail Codes Enter/Edit option
PAS 3.2.10.3.2.3-10.0	allow an authorized CHCS user to inactivate site-defined non-standard Age detail codes in the Appointment Detail Codes file from the Appointment Detail Codes Enter/Edit option

#### **PAS 3.2.10.3.2.4-4.0.....Clinic Profile Edit option**

PAS 3.2.10.3.2.4-5.0	prevent CHCS users from adding non-standard <del>medical or dental</del> <u>dental/radiology</u> appointment types to a medical clinic profile
<a href="#">PAS 3.2.10.3.2.4-6.0</a>	<a href="#">a</a> Allow an authorized CHCS user to add standard medical appointment types to a medical clinic profile
PAS 3.2.10.3.2.4- <del>7</del> <u>7</u> .0	allow an authorized CHCS user to add standard medical appointment types and/or non-standard <del>dental</del> <u>dental/radiology</u> appointment types to a <del>dental</del> <u>dental/radiology</u> clinic profile
PAS 3.2.10.3.2.4-8.0	allow an authorized CHCS user to add site-defined Age appointment detail codes to a clinic profile
<a href="#">PAS 3.2.10.3.2.4-9.0</a>	<a href="#">allow an authorized CHCS user to add standard detail codes to a clinic profile</a>

#### Provider Profile Enter/Edit option

PAS 3.2.10.3.2.4-8.0	prevent a CHCS user from adding non-standard <del>medical or dental</del> <u>dental/radiology</u> appointment types to a medical provider's provider profile
PAS 3.2.10.3.2.4-9.0	allow an authorized CHCS user to add standard medical appointment types and/or non-standard <del>dental</del> <u>dental/radiology</u> appointment types to a <del>dental</del> <u>dental/radiology</u> provider's provider profile

#### PAS 3.2.10.3.2.5-0.0.....Appointment Type Profile List option

PAS 3.2.10.3.2.5-2.0	display/print as output the <del>Dental Appt</del> <u>Non-Medical Appt</u> Type field for the each appointment type when an authorized CHCS user elects to display/print the Appointment Type Profile List
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#### PAS 3.2.10.3.2.7-0.0.....Create/Edit Daily Templates option

PAS 3.2.10.3.2.7-3.0	prevent CHCS users from adding non-standard <del>dental</del> <u>dental/radiology</u> appointment types to a medical provider's daily template
PAS 3.2.10.3.2.7-4.0	allow an authorized CHCS user to add standard medical appointment types and/or non-standard <del>dental</del> <u>dental/radiology</u>

	appointment types to a <del>dental</del> dental/radiology provider's daily template
PAS 3.2.10.3.2.7-5.0	allow an authorized CHCS user to add standard <u>and</u> /or site-defined Age appointment detail codes to any provider's daily template

#### **PAS 3.2.10.3.2.9-0.0.....Create Schedules option**

PAS 3.2.10.3.2.9-4.0	prevent CHCS users from adding non-standard <del>dental</del> dental/radiology appointment types to a medical provider's schedule
PAS 3.2.10.3.2.9-5.0	allow an authorized CHCS user to add standard medical appointment types and/or non-standard <del>dental</del> dental/radiology appointment types to a <del>dental</del> dental/radiology provider's schedule
PAS 3.2.10.3.2.9-6.0	prevent CHCS users from adding non-standard detail codes to a provider's schedule
PAS 3.2.10.3.2.9-7.0	prevent a CHCS user from using a daily/weekly template containing non-standard <del>dental</del> dental/radiology appointment types to create a medical provider's schedule
PAS 3.2.10.3.2.9-8.0	prevent CHCS users from using a daily/weekly template containing non-standard appointment detail codes to create any provider's schedule
PAS 3.2.10.3.2.9-9.0	allow an authorized CHCS user to add standard <u>and/or</u> site-defined Age appointment detail codes to any provider's schedule

#### **PAS 3.2.10.3.2.11-0.0.....Maintain Schedules option**

PAS 3.2.10.3.2.11-4.0	allow an authorized CHCS user to add standard <u>and</u> /or site-defined Age appointment detail codes to any provider's <del>daily</del> <u>schedule</u> <u>template</u>
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#### **PAS 3.2.10.3.2.38-0.0.....Problem Avoidance Report (new section)**

PAS 3.2.10.3.2.38-1.0	provide capability for an authorized CHCS user to generate the <b>Non-Standard Appointment Type/Detail Code Summary Report</b> from the
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	Problem Avoidance Reports Menu
PAS 3.2.10.3.2.38-2.0	allow an authorized CHCS user to generate the Non-Standard Appointment Type/Detail Code Summary Report for <a href="#">one, multiple, or all clinics within</a> -a specified <a href="#">clinic-only division</a>
PAS 3.2.10.3.2.38-3.0	schedule requested Non-Standard Appointment Type/Detail Code Summary Report to be generated via TaskMan after normal business hours
PAS 3.2.10.3.2.38-4.0	report as output on the Non-Standard Appointment Type/Detail Code Summary Report any non-standard appointment types/detail codes linked to the specified clinic's clinic/provider profiles, templates, schedules, <a href="#">consult orders, or</a> -wait list requests <a href="#">and/or MCP referrals</a>

## >>> 3.0 PROJECT DESIGN

### 3.1 PAS 098801 Non-Standard Appointment Type/Detail Code Summary Rpt POC: Jane Barron

#### 1. Functional Overview

Following an APS II transition period and prior to the APS II+ software deployment date, the following will be released to all sites:

- Appointment Type Table Update.** This update will enable sites time to resolve any file/table issues with regard to non-standard appointment types still in use. The Appointment Type file (#44.5) update will include the updated list of standardized medical appointment types to be used by all medical clinics with a Location Type of C (Clinic) or S (Same Day Surgery). Dental clinics with a Location Type of D (Dental) currently using the DDSA Scheduler Graphic User Interface (GUI) to schedule appointments will not be impacted by the release of APS II+. [The list of standardized medical appointment types include the following:](#)

<u>Appt Type</u>	<u>Description</u>	<u>MTF Booking Only</u>
<u>ACUT</u>	<u>Acute Appt</u>	
<u>EST</u>	<u>Established/Follow Up Appt</u>	
<u>GRP</u>	<u>Group Appt with Multiple Pts</u>	
<u>OPAC</u>	<u>Open Access Appt</u>	
<u>PCM</u>	<u>Initial Primary Care Appt</u>	
<u>PROC</u>	<u>Procedure Appt</u>	
<u>ROUT</u>	<u>Routine Appt</u>	
<u>SPEC</u>	<u>Initial Specialty Care Appt</u>	
<u>WELL</u>	<u>Wellness/Health Promotion Appt</u>	
<u>TCON</u>	<u>Telephone Consult</u>	

<u>ACUT\$</u>	<u>Acute Appt</u>	<u>Yes</u>
<u>EST\$</u>	<u>Established/Follow Up Appt</u>	<u>Yes</u>
<u>GRP\$</u>	<u>Group Appt with Multiple Pts</u>	<u>Yes</u>
<u>OPAC\$</u>	<u>Open Access Appt</u>	<u>Yes</u>
<u>PCM\$</u>	<u>Initial Primary Care Appt</u>	<u>Yes</u>
<u>PROC\$</u>	<u>Procedure Appt</u>	<u>Yes</u>
<u>ROUT\$</u>	<u>Routine Appt</u>	<u>Yes</u>
<u>SPEC\$</u>	<u>Initial Specialty Care Appt</u>	<u>Yes</u>
<u>WELL\$</u>	<u>Wellness/Health Promotion Appt</u>	<u>Yes</u>
<u>TCON\$</u>	<u>Telephone Consults</u>	<u>Yes</u>
<u>TCONX</u>	<u>Telephone Consults</u>	
<u>APV</u>	<u>Ambulatory Procedure Visit</u>	
<u>EROOM</u>	<u>Emergency Room</u>	
<u>N-MTF</u>	<u>Non-MTF Appt</u>	
<u>T-CON*</u>	<u>Telephone Consult</u>	

- Appointment Detail Code Table Update.** This update will enable sites time to resolve any file/table issues with regard to non-standard appointment detail codes still in use. The Appointment Detail Code file (#44.7) will be updated to include the updated standardized Appointment Detail Codes. The list of standardized medical appointment detail codes include the following:

<u>1TT</u>	<u>First Trimester</u>
<u>2TT</u>	<u>Second Trimester</u>
<u>3TT</u>	<u>Third Trimester</u>
<u>ACG</u>	<u>After Care Group</u>
<u>AD</u>	<u>Alcohol and Drug</u>
<u>ADEI</u>	<u>Alcohol and Drug Early Intervention</u>
<u>ADHD</u>	<u>Attention Deficit and Hyperactivity Disorder or Attention Deficit Disorder</u>
<u>ADSC</u>	<u>Alcohol and Drug Screening Only</u>
<u>ADTX</u>	<u>Alcohol and Drug Treatment 2 Week Program Only</u>
<u>ANGER</u>	<u>Anger Management Education</u>
<u>ANPST</u>	<u>Anergy Panel (stick)</u>
<u>ANRD</u>	<u>Anergy Panel Reading</u>
<u>AQUA</u>	<u>AQUA Pool</u>
<u>ASTHMA</u>	<u>Asthma Evaluation or Education Appointments</u>
<u>ASTIG</u>	<u>Treatment of Astigmatism</u>
<u>AUENT</u>	<u>Audiometric Diagnostic</u>
<u>BCP</u>	<u>Birth Control</u>
<u>BEESN</u>	<u>Bee Sting</u>
<u>BEPC</u>	<u>Birth and Early Parenting Class</u>





<u>E&amp;I</u>	<u>Female Endocrine and Infertility Patient Only</u>
<u>EAR</u>	<u>Ear Recheck</u>
<u>ECG</u>	<u>Electrocardiogram</u>
<u>ECHO</u>	<u>Echocardiogram</u>
<u>EDU</u>	<u>Education or Class</u>
<u>EEG</u>	<u>Electroencephalography</u>
<u>EFMP</u>	<u>Exceptional Family Member Program</u>
<u>EGD</u>	<u>Scope of Esophagus and Lower Stomach</u>
<u>EMGM</u>	<u>Nerve Conduction Studies</u>
<u>ENG</u>	<u>Electronystagmography Testing</u>
<u>EP</u>	<u>Auditory Brainstem, Visual, Upper/Lower Somatosensory Evoked Potentials</u>
<u>ERCP</u>	<u>Endoscopic Retrograde Cholangiopancreatography</u>
<u>EVAL</u>	<u>Evaluation - in depth</u>
<u>EXERC</u>	<u>Exercise Therapy</u>
<u>EYEDZ</u>	<u>Eye Disease</u>
<u>EYEEX</u>	<u>Eye Exam</u>
<u>FAM</u>	<u>Family Therapy or Meeting</u>
<u>FCC</u>	<u>Child Care Provider Mental Health Screening</u>
<u>FE</u>	<u>Female Patient Only</u>
<u>FLAP</u>	<u>Flaplift</u>
<u>FLEXS</u>	<u>Esophogastoduodenoscopy/Flexible Sigmoidoscopy</u>
<u>FLT</u>	<u>Flight Physical Exam</u>
<u>FNA</u>	<u>Fine Needle Aspiration</u>
<u>FOOT</u>	<u>Foot or Ankle Evaluation</u>
<u>GAST</u>	<u>Gastric Bypass Surgery Psychological Evaluation</u>
<u>GDB</u>	<u>Gestational Diabetes Patient</u>
<u>GENE</u>	<u>Genetics Consult</u>
<u>GYN</u>	<u>Gynecology Appointments Only</u>
<u>HAE</u>	<u>Hearing Aid Evaluation</u>
<u>HAND</u>	<u>Hand Patient Only</u>
<u>HBT</u>	<u>Hydrogen Breath Test</u>
<u>HC</u>	<u>House Calls</u>
<u>HCATH</u>	<u>Cardiac Catherization</u>
<u>HCDC</u>	<u>Hearing Conservation Patient</u>
<u>HEAD</u>	<u>Headache Education</u>
<u>HOLT</u>	<u>Holter Monitor</u>
<u>HSG</u>	<u>Hysterosalpingogram</u>
<u>HTN</u>	<u>Hypertension Patient</u>
<u>IDC</u>	<u>Independent Duty Corpsman</u>
<u>IMDEF</u>	<u>Immunodeficiency</u>
<u>INJECT</u>	<u>Shot only</u>
<u>INS</u>	<u>Insertions</u>
<u>ISOK</u>	<u>Isolinetic Testing</u>

<a href="#"><u>IUD</u></a>	<a href="#"><u>Placement of IUD</u></a>
<a href="#"><u>IVP</u></a>	<a href="#"><u>Intravenous Pyelogram</u></a>
<a href="#"><u>KNEE</u></a>	<a href="#"><u>Knee School for Patient with Knee Pain</u></a>
<a href="#"><u>LASER</u></a>	<a href="#"><u>Laser</u></a>
<a href="#"><u>LASEYE</u></a>	<a href="#"><u>Laser Eye Surgery</u></a>
<a href="#"><u>LASIK</u></a>	<a href="#"><u>Laser-in-situkeratomileusis</u></a>
<a href="#"><u>LBX</u></a>	<a href="#"><u>Liver Biopsy</u></a>
<a href="#"><u>LES</u></a>	<a href="#"><u>Leishmaniasis Treatment</u></a>
<a href="#"><u>LIFE</u></a>	<a href="#"><u>Life Skills Group</u></a>
<a href="#"><u>LP</u></a>	<a href="#"><u>Lumbar Puncture</u></a>
<a href="#"><u>MA</u></a>	<a href="#"><u>Male Patient Only</u></a>
<a href="#"><u>MANO</u></a>	<a href="#"><u>Manometry</u></a>
<a href="#"><u>MANO/PH</u></a>	<a href="#"><u>Manometry/24 Hr pH Study</u></a>
<a href="#"><u>MC</u></a>	<a href="#"><u>Medicare Eligible</u></a>
<a href="#"><u>MEB</u></a>	<a href="#"><u>Evaluation Board Physical Exam</u></a>
<a href="#"><u>MEDEX</u></a>	<a href="#"><u>Lumbar Extension Machine, Sports Medicine Only</u></a>
<a href="#"><u>MH</u></a>	<a href="#"><u>Mental Health</u></a>
<a href="#"><u>MINOR</u></a>	<a href="#"><u>Excision of Skin Tags, Moles, Warts, or Subcutaneous Nodules</u></a>
<a href="#"><u>MOBEX</u></a>	<a href="#"><u>Mobilization Intervention &amp; Exercise Therapy, Sports Medicine Only</u></a>
<a href="#"><u>MOHS</u></a>	<a href="#"><u>MOHS Surgery</u></a>
<a href="#"><u>NBO</u></a>	<a href="#"><u>Newborn Physical Only (3-7 days after discharge)</u></a>
<a href="#"><u>NECK</u></a>	<a href="#"><u>Neck Patient</u></a>
<a href="#"><u>NO</u></a>	<a href="#"><u>Universal Exclusion - used with other detail codes, i.e., No;THAL, No;WB</u></a>
<a href="#"><u>NOPAP</u></a>	<a href="#"><u>Gynecology Appointment Only, No Paps</u></a>
<a href="#"><u>NP</u></a>	<a href="#"><u>Nurse Practitioner</u></a>
<a href="#"><u>NPCL</u></a>	<a href="#"><u>New Prenatal Class</u></a>
<a href="#"><u>NPSYC</u></a>	<a href="#"><u>Neuropsychological Testing Only - No ADHD</u></a>
<a href="#"><u>NST</u></a>	<a href="#"><u>Non Stress Test (fetal monitoring during pregnancy)</u></a>
<a href="#"><u>NUTR</u></a>	<a href="#"><u>Nutrition Education</u></a>
<a href="#"><u>OAE</u></a>	<a href="#"><u>Newborn Hearing Screening</u></a>
<a href="#"><u>OB</u></a>	<a href="#"><u>Pregnancy or Obstetrics</u></a>
<a href="#"><u>ONC</u></a>	<a href="#"><u>Cancer Patient or Treatment Only</u></a>
<a href="#"><u>OSS</u></a>	<a href="#"><u>Overseas Screening</u></a>
<a href="#"><u>PA</u></a>	<a href="#"><u>Physician's Assistant</u></a>
<a href="#"><u>PACE</u></a>	<a href="#"><u>Pacemaker</u></a>
<a href="#"><u>PAP</u></a>	<a href="#"><u>Pap Smear</u></a>
<a href="#"><u>PARA</u></a>	<a href="#"><u>Abdominal Paracentesis</u></a>
<a href="#"><u>PARENT</u></a>	<a href="#"><u>Parenting Class</u></a>
<a href="#"><u>PBO</u></a>	<a href="#"><u>Provider Book Only</u></a>
<a href="#"><u>PDS</u></a>	<a href="#"><u>Pathfinding/Drill Sergeant Test</u></a>
<a href="#"><u>PE</u></a>	<a href="#"><u>Physical Exam</u></a>
<a href="#"><u>PEG</u></a>	<a href="#"><u>Percutaneous Endoscopic Gastrostomy</u></a>
<a href="#"><u>PFT</u></a>	<a href="#"><u>Pulmonary Function Test/Spirometry</u></a>

<a href="#"><u>PHA</u></a>	<a href="#"><u>Preventive Health Assessment</u></a>
<a href="#"><u>PHOTO</u></a>	<a href="#"><u>Photos</u></a>
<a href="#"><u>PLASMA</u></a>	<a href="#"><u>Plasma</u></a>
<a href="#"><u>PNB</u></a>	<a href="#"><u>Prostate Needle Biopsy</u></a>
<a href="#"><u>POAE</u></a>	<a href="#"><u>Pediatric Otoacoustic Emission Test</u></a>
<a href="#"><u>POP</u></a>	<a href="#"><u>Post Operative Follow-up</u></a>
<a href="#"><u>PP</u></a>	<a href="#"><u>Post-Partum Patient Only</u></a>
<a href="#"><u>PPD+</u></a>	<a href="#"><u>Positive Purified Protein Derivative (PPD) or Other Tuberculosis Test Evals</u></a>
<a href="#"><u>PREOP</u></a>	<a href="#"><u>Check-in for Surgery / Pre-operation Rounds</u></a>
<a href="#"><u>PRK</u></a>	<a href="#"><u>Photo Refractive Keratectomy</u></a>
<a href="#"><u>PRT</u></a>	<a href="#"><u>Physical Readiness Test Screens</u></a>
<a href="#"><u>PULM</u></a>	<a href="#"><u>Pulmonary Patient Only</u></a>
<a href="#"><u>PVA</u></a>	<a href="#"><u>Psychological Vocational Assessment</u></a>
<a href="#"><u>PVR</u></a>	<a href="#"><u>Post-Void Residual</u></a>
<a href="#"><u>REHAB</u></a>	<a href="#"><u>Rehabilitation Therapy</u></a>
<a href="#"><u>RET</u></a>	<a href="#"><u>Retinal Screening</u></a>
<a href="#"><u>RMV</u></a>	<a href="#"><u>Removals</u></a>
<a href="#"><u>RPD</u></a>	<a href="#"><u>Readiness Post Deployment</u></a>
<a href="#"><u>RPG</u></a>	<a href="#"><u>Retrograde Pylelogram</u></a>
<a href="#"><u>RPRE</u></a>	<a href="#"><u>Readiness Pre-Deployment Health</u></a>
<a href="#"><u>RTM</u></a>	<a href="#"><u>Rehabilitation Team Meeting</u></a>
<a href="#"><u>RUG</u></a>	<a href="#"><u>Retrograde Urethrogram</u></a>
<a href="#"><u>RX</u></a>	<a href="#"><u>Medication</u></a>
<a href="#"><u>SCH</u></a>	<a href="#"><u>School Physical</u></a>
<a href="#"><u>SCOLI</u></a>	<a href="#"><u>Scoliosis</u></a>
<a href="#"><u>SCS</u></a>	<a href="#"><u>Skin Cancer Screening</u></a>
<a href="#"><u>SEA</u></a>	<a href="#"><u>Sea Duty Screening</u></a>
<a href="#"><u>SKT</u></a>	<a href="#"><u>Skin Test</u></a>
<a href="#"><u>SLEEP</u></a>	<a href="#"><u>Sleep</u></a>
<a href="#"><u>SPD</u></a>	<a href="#"><u>Special Duty Evaluation</u></a>
<a href="#"><u>SPE</u></a>	<a href="#"><u>Separation or Retirement Physical Exam</u></a>
<a href="#"><u>SPRINT</u></a>	<a href="#"><u>Sprint Test</u></a>
<a href="#"><u>ST</u></a>	<a href="#"><u>Exercise Stress Test</u></a>
<a href="#"><u>STRESS</u></a>	<a href="#"><u>Stress Management Education Program</u></a>
<a href="#"><u>TECH</u></a>	<a href="#"><u>Provider is a Technician</u></a>
<a href="#"><u>TEE</u></a>	<a href="#"><u>Trans-esophageal Echocardiogram</u></a>
<a href="#"><u>TELMED</u></a>	<a href="#"><u>Tele-Medicine Conference</u></a>
<a href="#"><u>THAL</u></a>	<a href="#"><u>Thallium Stress Test</u></a>
<a href="#"><u>TILT</u></a>	<a href="#"><u>Tilt Test, Test for Syncope</u></a>
<a href="#"><u>TOBCES</u></a>	<a href="#"><u>Tobacco Cessation</u></a>
<a href="#"><u>TRACTION</u></a>	<a href="#"><u>Traction Physical Therapy</u></a>
<a href="#"><u>TRPLT</u></a>	<a href="#"><u>Transplant</u></a>
<a href="#"><u>TRUS</u></a>	<a href="#"><u>Transrectal Ultrasound</u></a>

<a href="#">URODY</a>	<a href="#">Urodynamics</a>
<a href="#">UROGYN</a>	<a href="#">Urogynecology</a>
<a href="#">US</a>	<a href="#">Ultrasound</a>
<a href="#">VAS</a>	<a href="#">Vasectomy</a>
<a href="#">VF</a>	<a href="#">Visual Field Exam</a>
<a href="#">VIP</a>	<a href="#">Very Important Patient</a>
<a href="#">VT</a>	<a href="#">Venom Test</a>
<a href="#">WB</a>	<a href="#">Well Baby</a>
<a href="#">WCE</a>	<a href="#">Work Capacity Evaluation</a>
<a href="#">WEA</a>	<a href="#">Web and MCP Bookable</a>
<a href="#">WOUND</a>	<a href="#">Wound Care</a>
<a href="#">?</a>	

- **Non-Standard Appointment Type/Detail Code Summary Report.** This report is being developed to support the sites in identifying any profiles, templates, schedules, and/or wait list requests currently linked to one or more non-standard appointment types and/or appointment detail codes

An authorized CHCS user, with access to the Problem Avoidance Reports Menu on the Scheduling Supervisor's Management Reports Menu, may elect to generate the Non-Standard Appointment Type/Detail Code Summary Report for [one, multiple, or all clinics in a a\\_](#) specified [clinic-only division](#).

When the authorized user elects to generate the Non-Standard Appointment Type/Detail Code Summary Report, the system will schedule the report to be generated via TaskMan after normal business hours.

The Non-Standard Appointment Type/Detail Code Summary Report will report as output any non-standard appointment types/detail codes linked to the specified clinic's clinic/provider profiles, templates, schedules, and/or wait list requests.

## B. Business Rules

1. The Non-Standard Appointment Type/Detail Code Summary Report may only be generated for one, [multiple, or all clinics in a specified division-at-a-time](#).
2. The Non-Standard Appointment Type/Detail Code Summary Report may only be scheduled to run to run after normal business hours

## C. Functional Dependencies

1. The Appointment Type file update, reflecting any and all new standard Appointment Types being implemented in the APS II+ software release, should have been installed prior to running the Non-Standard Appointment Type/Detail Code Summary Report in order to accurately reflect the complete list of standardized Appointment Types.
2. The Appointment Detail Code file update, reflecting any and all new standard Appointment Detail Codes being implemented in the APS II+ software release, should have been installed prior to running the Non-Standard Appointment Type/Detail Code Summary Report in order to accurately reflect the complete list of standardized Appointment Detail Codes.

## D. Detailed Design

1. MENU PATH: C=>PAS=>S=>M=>Problem Avoidance Report Menu => 6 Non-Standard Appointment Type/Detail Code Summary Report
2. A new report, Non-Standard Appointment Type/Detail Code Summary Report has been added to the Problem Avoidance Report Menu (refer to **Screen 3.1-1**)

----- Screen 3.1.1 -----

- 1 Delinquent End-of-Day Processing Report
- 2 Problem Avoidance Report
- 3 Schedule Deficiency Monitor Report
- 4 Telephone Consult Report
- 5 Wait List Management Report
- 6 Non-Standard Appointment Type/Detail Code Summary Report

Select Problem Avoidance Reports Menu Option:

-----End Screen-----

3. When an authorized user elects to generate the Non-Standard Appointment Type/Detail Code Summary Report, the system will display the Select CLINIC Division prompt. Once the user has selected a specific Division, the system will prompt the user to generate the report for one, multiple, or all clinics within the specified Division, and allow the authorized user to generate the report for the specified clinic.

4. Once the authorized user has selected/entered the clinic/s for which to generate this report, the system will display the following message:

THIS IS A COMPLEX REPORT!  
IT WILL ONLY BE PRODUCED AFTER NORMAL DUTY HOURS, AND  
IT WILL NOT BE AVAILABLE UNTIL TOMORROW MORNING.

5. The system will also display the "DO YOU WANT TO PROCEED WITH THIS REPORT? NO// " prompt. If the authorized user elects to proceed, the system will schedule the Non-Standard Appointment Type/Detail Code Summary Report to be generated after normal business hours.
6. The Non-Standard Appointment Type/Detail Code Summary Report will report as output any non-standard appointment types/detail codes linked to the specified clinic's clinic/provider profiles, templates, schedules, and/or wait list requests (refer to **Screens 3.1.2 through 3.1. 6**).

----- Screen 3.1.2-----

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Non-Standard Appointment Type/Detail Code Summary Report (One Clinic)

\*\*\*\*Clinic Profile\*\*\*\*

Division: NAVY OUTPATIENT DIVISION

Department: PRIMARY CARE DEPARTMENT

Clinic: Primary Care Clinic

Non-Standard			Non-Standard	
Appt Type	Description	Status	Appt Detail Codes	Status
=====				
NEW	NEW PATIENT	ACTIVE		
FOL	FOLLOW UP	ACTIVE		
RET	RETURN VISIT	ACTIVE		

-----End Screen-----

----- Screen 3.1.3-----

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# Non-Standard Appointment Type/Detail Code Summary Report (One Clinic)

## \*\*\*\*Provider Profiles\*\*\*\*

Division: NAVY OUTPATIENT DIVISION

Department: PRIMARY CARE DEPARTMENT

Clinic: Primary Care Clinic

Provider: **JAMES,LAWRENCE**

```
=====
Appt Type                Status
-----
NEW  NEW PATIENT         ACTIVE
FOL  FOLLOW UP           ACTIVE
RET  RETURN VISIT        ACTIVE
```

Provider: **AMAYA, RICHARD**

```
=====
Appt Type                Status
-----
NEW  NEW PATIENT         ACTIVE
FOL  FOLLOW UP           ACTIVE
```

-----End Screen-----

## ----- Screen 3.1.4 -----

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# Non-Standard Appointment Type/Detail Code Summary Report (One Clinic)

## \*\*\*\*Provider Templates\*\*\*\*

Division: NAVY OUTPATIENT DIVISION

Department: PRIMARY CARE DEPARTMENT

Clinic: Primary Care Clinic

Provider: AMAYA, RICHARD

```
=====
Daily Template ID: FAMATRI1    FRIDAY
```

```
-----
Start  Appt  Wkl  #per
Time   Type  Typ  Slot Dur   Detail Codes  Slot Comment
-----
0800   ROU   NC   1   30                PRI FN M ALL
1130   FOL   NC   1   30                PRI FN M ALL
1400   SDA   NC   1   60                PRI FN M ALL
```

-----End Screen-----

## ----- Screen 3.1.5 -----

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# Non-Standard Appointment Type/Detail Code Summary Report (One Clinic)

## \*\*\*\*Provider Schedules\*\*\*\*

MONDAY 25 Mar 2002

Division: NAVY OUTPATIENT DIVISION

Department: PRIMARY CARE DEPARTMENT

Clinic: Primary Care Clinic

Provider: **AMAYA, RICHARD**

=====  
Start Appt Wkl #per  
Time Type Typ Slot Dur Detail Codes Slot Comment Slot Status

Appt Date Time Appt Type/Detail Code Slot Status

-----  
0800 ROU NC 1 30 AD ~~PRI-FN-M-ALL~~ OPEN  
1130 FOL NC 1 30 BP ~~PRI-FN-M-ALL~~ OPEN  
1400 SDA NC 1 60 MEB ~~PRI-FN-M-ALL~~ FROZ

13Feb02 1300 NEW OPEN  
~~13Feb02 1330 FOL AD OPEN~~  
~~13Feb02 1500 RET BP FROZ~~  
~~13Feb02 1530 RET MEB~~  
-----

-----End Screen-----

-----Screen 3.1.6-----

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Personal Data - Privacy Act of 1974 (PL 93-579)

Non-Standard Appointment Type/Detail Code Summary Report (One Clinic)

\*\*\*\*Wait List Requests\*\*\*\*

Division: NAVY OUTPATIENT DIVISION

Department: PRIMARY CARE DEPARTMENT

Clinic: Primary Care Clinic

=====  
Patient FMP/SSN Prio Type Detail Code  
Home Phone Work Phone  
=====

Provider: **\*Provider Not Entered\***

-----  
EHLERS,PATRICIA K 30/013480118 6 FU AD  
H:860-886-2287 W:

Provider: **AMAYA, RICHARD**

-----  
LARKIN,AUSTIN P 03/017548911 6 SDA  
H:8604455767 W:

-----End Screen-----

3. 2 PAS 098802

APS II+ Conversions

POC: Jane Barron

## A. Functional Overview

Once the APS II+ software is installed, the system will run the following "one time only" data conversions:



## 1. Appointment Type File Conversion

The Appointment Type file(#44.5) conversion will:

- Identify all non-standard ~~dental~~dental/radiology appointment types currently linked to any clinic (i.e., Location Type = C for Clinic or S for Same Day Surgery) with a MEPRS Code of C\*\*\*/DCA\* in the Hospital Location (#44).
- For each non-standard ~~dental~~dental/radiology appointment type identified in the Hospital Location file, set the Status field to Active, the Uneditable field to NO, the Medical Appt Type field to NO, and the new Dental-ApptNon-Medical Appt Type field to YES for each corresponding non-standard ~~dental~~dental/radiology appointment type in the Appointment Type file (#44.5).
- Identify all non-standardized appointment types (excluding non-standard ~~dental~~dental/radiology appointment types previously identified) in the Appointment Type file and set the Status field to Inactive, the Uneditable field to NO, the Medical Appt Type field to NO and the new Dental-ApptNon-Medical Appt Type field to NO for each non-standardized appointment type identified.

## 2. Appointment Detail Code File Conversion

The Appointment Detail Codes file (#44.7) conversion will:

- Identify all non-standardized appointment detail codes to ensure conformance with the Appointment Detail Code Standardization policy and set the Status field to Inactive and the Uneditable field to YES for all non-standardized appointment detail codes found.
- Identify all site-defined Age detail codes that do not conform to the TMA approved standard Age detail code format and set the Status field to Inactive and the Uneditable field to YES for each Age detail code identified.

## 3. Hospital Location File Conversion

The Hospital Location file (#44) conversion will:

- Set the Status field to Inactive for any non-standard appointment type currently linked to an individual clinic (except ~~dental~~dental/radiology clinics) and/or its associated providers.
- Delete any non-standard and/or site-defined Age detail code, not using the standard Age format, from each medical clinic's "most frequently used appointment detail code pick list."

## B. Business Rules

1. As part of the Installation, the APS II+ data conversions are "one time only" data conversions and will be run in the same order as presented in this documentation.
2. Each conversion will run to completion before the next conversion is run.
3. The system will set the new Dental-ApptNon-Medical Appt Type field in the Appointment Type file to YES for all non-standard ~~dental~~dental/radiology appointments identified during the Appointment Type file conversion.
4. The Dental-ApptNon-Medical Appt Type field in the Appointment Type file must be set to YES before the ~~dental~~dental/radiology clinics (MEPRS Code = C\*\*\*/DCA\*) can use that appointment type when creating templates/schedules, booking appointments (scheduled or unscheduled visits) and/or during End of Day Processing.
5. Medical clinics (MEPRS Code not equal to C\*\*\*/DCA\*) may only use standardized appointment types when creating templates/schedules, booking appointments (scheduled or unscheduled visits) and/or during the End of Day Process.

6. If a pending appointment is linked to a non-standard appointment type and/or detail code, the front desk clerk may use the Individual Patient Check-In option to check the patient in for the scheduled appointment without having to modifying the non-standard appointment data.
7. If the front desk clerk uses End-of –Day Processing to check patients in for scheduled appointment, the system will prompt the user to enter the appropriate standard appointment type/detail code for the appointment being processed.
8. ~~Dental~~ Dental/radiology Clinics (MEPRS Code = C\*\*\*/DCA\*) will have the option of selecting standard medical and/or non-standard ~~dental~~ dental/radiology appointment types when creating templates/schedules, booking appointments (scheduled or unscheduled visits) and/or during the End of Day Process as long as the appointment type selected is linked to the ~~dental~~ dental/radiology Clinic/Provider Profiles.
9. No CHCS user may add, edit, or inactivate the standardized medical appointment type entries in the Appointment Type file.
10. Only an authorized user with the new ~~SD Dental~~ SD MOD APPT security key will be able to add, edit or inactivate a non-standard ~~dental~~ dental/radiology appointment type (i.e., ~~Dental~~ ApptNon-Medical Appt Type field set to YES.)
11. When a new non-standard ~~dental~~ dental/radiology appointment type entry is added to the Appointment Type file, the system will automatically set the new ~~Dental~~ ApptNon-Medical Appt Type field to YES and the Medical Appt Type field to NO.
12. The Medical Appt Type field and the ~~Dental~~ ApptNon-Medical Appt Type field will be non-editable.
13. No CHCS user may add, edit, or inactivate the standardized appointment detail codes entries in the Appointment Detail Code file.
14. Only an authorized user with the new SD Detail Code security key will be able to add, edit or inactivate site-defined Age detail codes, using the standard Age format.
15. With the release of APS II+ and as part of the standardization of appointment types and appointment detail codes, the screening logic for Appointment Types and Detail Codes will be modified throughout the PAS/MCP modules to ensure that the user may only select the appropriate appointment type/s and/or detail code/s based on the new business rules being implemented for APS II+.
16. Once APS II+ is installed and the conversions have run to completion, if the sites have not updated their provider templates and/or schedules based on the new business rules being implemented with APS II+, users will not be able to use their templates to create schedules and/or find any available appointments, which are still linked to non-standard appointment types and/or detail codes.
17. All error messages referencing the Medical Appt Type flag will be modified to reflect the standardization of appointment types. Additional error messages will be added to reflect the standardization of appointment detail codes.
18. If there are pending appointments booked prior to the APS II+ release and those pending appointments are linked to non-standard appointment types/detail codes, the user will still be able to process them. If the user selects the Individual Patient Check-In or Multiple Patient Check-In By Default option to process these pending appointments, the user will not be required to change either the appointment type and/or the detail codes linked to the pending appointments. However, if the user elects to use EOD Processing option to check patients in, and does not select the Appt Status as the data element to modify, the user will be forced to change the non-standard appointment type and/or detail code prior to filing the appointment data.
- 18.19. In addition, with the release of APS II+, the 30-day access standard for Specialty and Wellness Access To Care (ATC) categories will be changed to a 28-day access standard. This change will be implemented in all Health Care Finder Booking functions, the Access to Care Summary Report, and in Consult Tracking to support a 28-day access standard for Specialty and Wellness Access to Care (ATC) categories

### C. Functional Dependencies

1. The Appointment Type file update, reflecting any and all new standardized Appointment Types being implemented in the APS II+ software release, should have been installed prior to running the APS II+ conversions.
2. The Appointment Detail Code file update, reflecting any and all new standard Appointment Detail Codes being implemented in the APS II+ software release, should have been installed prior to running the APS II+ conversions.
3. Standard Appointment Types and Detail Codes will be maintained via the CHCS Standard Table Update Process. TMA will coordinate with CITPO on the frequency and funding to support on-going table updates. Currently, it is anticipated that those updates would be preformed quarterly.

#### D. Detail Design

##### Appointment Type Enter/Edit

1. MENU PATH: C=>PAS=>S=>PROF=>APRO Appointment Type Enter/Edit
2. A new field, **Dental ApptNon-Medical Appt Type** has been added to the Appointment Type Enter/Edit option on the Profiles Menu in PAS (refer to **Screen 3.2-1**)

##### ----- Screen 3.2.1-----

##### APPOINTMENT TYPE ENTER EDIT

```

Name:      EXAM
Description: ANNUAL EXAM
Are Appt Slots Searchable?: YES
Status:    ACTIVE
Category:  FOLLOW-UP
Uneditable: NO
Medical Appt Type: NO
----- Dental ApptNon-Medical Appt Type:      YES

```

##### -----End Screen-----

3. Only an authorized user with the new **SD-DENTALSD MOD APPT** security key will be able to add, edit or inactivate non-standard **dental/radiology** appointment types in the Appointment Type Enter/Edit options.
4. Users will be able to view standardized medical appointment types, but will not be able to modify any of the fields for the selected standardized medical appointment type.

##### List Appointment Type

1. MENU PATH: C=>PAS=>S=>PROF=>LPRO 5 Appointment Type List
2. A new field, **Dental ApptNon-Medical Appt Type** has been added to the Appointment Type List option on the List Profiles Menu option in PAS (refer to **Screen 3.2-2**)

##### ----- Screen 3.2.2-----

##### APPOINTMENT TYPE PROFILE LIST

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NAME	DESCRIPTION	SEARCHABLE APPT SLOTS?	STATUS	CATEGORY	MEDICAL APPT TYPE	<b>NON-MEDICALDENTAL</b> APPT TYPE
EVAL	EVALUATION	YES	ACTIVE	FOLLOW-UP	NO	YES

EXAM    ANNUAL EXAM    YES    ACTIVE FOLLOW-UP    NO    YES

-----End Screen-----

3. When the user elects to display/print the Appointment Type List, the system will report as output whether or not each appointment type in the Appointment Type file is a Medical or DentalNon-Medical appointment type.

#### Appointment Detail Code Enter/Edit

1. MENU PATH: C=>PAS=>S=>FILE=>DFIL Appointment Detail Codes Enter/Edit
2. With the release of APS II+, an authorized user with the new **SD Detail Code** security key will be allowed to add, edit, or inactivate site-defined AGE detail codes using the Appointment Detail Codes Enter/Edit on the File/Table Maintenance Menu in PAS (refer to **Screen 3.2.3**)

#### ----- Screen 3.2.3 ----- APPOINTMENT DETAIL CODE

Code:        6M-12M  
Description: Six months to a Year  
Uneditable: No  
Status:      ACTIVE

-----End Screen-----

3. An authorized user may add site-defined Age detail codes as long as the Age detail code being added/edited is in the correct standard Age format (e.g., 2W-6M).
4. Standardized appointment detail codes may be viewed but not modified.

#### >>> 4.0        SYSTEM IMPACTS

4.1 TOOLS 098810	APS II+    System Impacts	POC: Ken Owen
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This assessment includes consideration of potential risk areas with the Appointment Standardization II+ SCRs' project. It addresses performance and security issues and identifies downstream development and implementation issues. The scope of the project and related technical assumptions are presented in Section 1.0 of this document.

##### A. Disk Space Utilization

There is no significant change in disk space utilization for this project.

##### B. Archive and Purge

No data is archived or purged as a result of this project.

##### C. Performance Considerations

There are no performance considerations for this change.

#### D. Local Symbol Table

No increase in local symbol table size is anticipated.

#### E. Network Impact

There will be no increase in network traffic.

#### F. Security Considerations

The new APS II+ SCR's ~~dental~~dental/radiology appointment security keys are designated "~~SD-Dental~~SD MOD APPT" and "SD Detail Code". There are thirty-four (34) additional security requirements added to the CHCS security requirement database as a result of the APS II+ SCR's software enhancement.

The CHCS Security Test and Evaluation Plan and the corresponding test procedures and results are used to validate the CHCS design's compliance to the security requirements implemented via APS II+ SCR's. The security requirements and test procedures represent necessary documented activity affecting future CHCS recertifications and reaccreditations. These security requirements and their corresponding test procedures represent all security modifications and additions to the CHCS architecture as a result of the APS II+ SCR's implementation.

CHCS is judged secure through a measure of the security mechanisms installed in the system that carry out its security policy. The CHCS security design documentation is responsible for describing the C2 level of trust within CHCS. The CHCS security philosophy of protection begins with the CHCS Security Policy. The CHCS Security Policy provides assurance by concisely and formally stating the necessary level of trust. CHCS APS II+ SCR's security requirements are derived from the CHCS Security Policy. All APS II+ SCR's security requirements are specific statements defining how the CHCS Security Policy is implemented. The implementation of the CHCS security mechanisms that satisfy the APS II+ SCR's security requirements assure implementation of the C2 level of security. Thus, a trace from CHCS security policy, through APS II+ SCR's security requirements, to the embodiment of C2 security within CHCS is accomplished. The traceability of design documentation via the security requirements provides assurance by describing how CHCS provides trust. It must be shown that all of the protective mechanisms of APS II+ SCR's are correctly implemented and thereby provide the needed trust. Security testing demonstrates how the APS II+ SCR's security requirements are implemented by the CHCS design. The security test team designs and implements test procedures that independently test system specific security mechanisms resolving specific security requirements. Via these custom procedures, the security test team attempts to circumvent the security mechanisms of CHCS. In a "hands-on" test environment, the test team independently and thoroughly tests the security mechanisms present in CHCS. Via a "Pass", "Fail", or "Partial Pass" technique, each test provides a specific measure of the tested requirement's implementation effectiveness. A log is created for each exercise of a security test procedure. Should a security test fail, a System Incident Report (SIR) is generated. The SIR is resolved by correcting the design flaw. After a stringent testing review process is undergone, the SIR is resolved and its corrective action judged. The corrective process can be iterative until the review personnel accept the corrective action. Upon completion of the security testing procedures, complete security traceability exists among the CHCS Security Policy, the APS II+ SCR's security requirements, and the CHCS implementation. The verifying, connective links are the Security Test Procedures. The Security Compliance Matrix (SCM) is correspondingly updated to reflect the addition of the APS II+ SCR's software enhancement to the CHCS architecture.

#### G. User Perceived Impact

No negative user impacts are anticipated. A Non-Standard Appointment Type/Detail Code Summary Report will be run during non-peak hours.

#### H. Conversions

Two up time conversions will be run to update the appointment type table and the appointment detail code table. These conversions will be run prior to actual installation of the functional code.

I. Site Parameters

There are no changes to site parameters.

J. Dependencies

The two conversions mentioned in section H must have been run.

K. Integration Issues

There are no integration issues identified for this project.

L. Implementation Considerations

The install will require down time.

**>>> 5.0 REFERENCES**

None

**>>> 6.0 ATTACHMENTS**

None